

Via Facsimile (703) 872-9306

9D-HL-19990
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Douglas Allen Riddle et al.

Serial No.: 10/608,178

Filed: June 27, 2003

For: CLOTHES DRYER
APPARATUS AND METHOD

Art Unit: 3742

Examiner: Paschall, Mark H.

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AUG 19 2004

OFFICIAL

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

Facsimile Transmittal (1 pg.)

Amendment in response to Office Action dated May 19, 2004 (23 pgs.)

STATUS

2. Applicant

☒ Claims small entity status.
☐ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

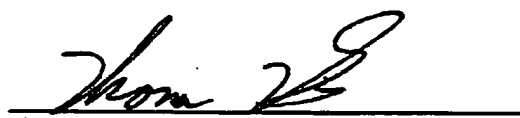
MAILING

☐ Deposited with the United States Postal Service
with sufficient postage as "Express Mail Post Office to
Addressee" in an envelope addressed to: Commissioner
for Patents, Washington, D.C. 20231.

FACSIMILE

☒ Transmitted by facsimile to the Patent and
Trademark Office at (703) 872-9306.

Date: August 19, 2004


Thomas M. Fisher
Reg. No. 47,564

10/29/2004 RECEIVED 00000002 012304 10608178

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE	
TOTAL	MINUS	=		x \$9 = \$		x \$18 = \$	
INDEP.	MINUS	=		x \$43 = \$		x \$86 = \$	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$145 = \$		+ \$290 = \$	
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$	

- (a) ☒ No additional fee for claims is required.

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Deposit Account No. 01-2384 the sum of \$
 _____ A duplicate of this transmittal is attached.

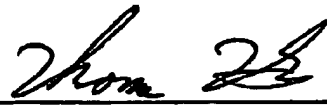
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. _____ Other:


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